

“Dr. R. Williams¹ states it at from 2 to 4 months, or more than a year.

Dr. Copland² states it at from 32 days to 5 months, or more.

Dr. C. J. B. Williams³ states it at from 6 to 10 weeks, or more.

Dr. Walshe⁴ states it at from 8 to 13 weeks, or more.

Dr. West⁵ states it at from 8 to 14 weeks, or more.

MM. Barthez et Rilliet⁶ state it at from 1 to 3 months, or more.

Average of all the statements, from 1½ to 3½ months.”

36. *Nature and Treatment of Hoarseness.*—The following is an abstract of the views of M. TROUSSEAU on the above subject, as given in the *Journal de Médecine et de Chirurgie Pratiques* for last February:—

Hoarseness almost always depends on hyperæmia of the laryngeal mucous membrane; but, in order to cure this condition, not only must it be attacked in its seat, but the circumstances in which it has been produced must be ascertained—whether it is a continuation of inflammation of the pharynx, mouth, or nasal fossæ, in which case it may be often sufficient to apply remedies to these parts.

Among the inflammatory affections of the pharynx which are most frequently propagated to the larynx is chronic or follicular pharyngitis; the characters of which are enlargement of the mucous follicles, slight œdema and redness of the velum palati, with a certain amount of elongation of the uvula. This form is almost always of rheumatic origin, and appears at the end of an attack of apyrexial rheumatism which has lasted three weeks or a month. It recurs a great number of times, and leaves its effects on the pharynx in the form of hypertrophy of the mucous follicles. Generally, however, the inflammation of the pharynx itself proceeds from the mouth or the nasal fossæ. Thus, just as in the child the cutting of a tooth will produce cough by extension to the bronchi of the inflammation of the gums, carious teeth will produce an analogous affection in the adult, by producing a change in the voice, which is only removed by the extraction of the diseased tooth. Cases of this kind frequently came under the notice of M. Trousseau. A distinguished *cantatrice* lost her voice for two years, and recovered it only after two wisdom-teeth had been extracted.

There is also an eczematous affection of the nasal fossæ, which is easily propagated to the pharynx, the Eustachian tubes, and the larynx. There are also persons who are constantly the subjects of nasal catarrh; and in these, the catarrh is propagated to the pharynx and larynx. The vocal cords, softened by the thickening of the mucous membrane, then cease to vibrate, and mucus is deposited in the ventricles of the larynx.

Treatment.—If the pharynx is the primary seat of the disease, M. Trousseau employs strong stimulants to that region. The best of these is a solution of one part of nitrate of silver in three of water. This is applied daily for a week, by means of a brush, to the arches of the palate, to the palate itself, and to the tonsils. It is afterwards repeated three times, twice, and once a week; and once a fortnight for some months. This treatment should be applied more perseveringly in proportion as the hoarseness is of old date, and should be continued after the voice has returned, without, however, paying regard to the hypertrophy of the follicles, which sometimes lasts for an indefinite period after chronic pharyngitis. If, from any reason, this mode of treatment cannot be adopted, the patient should be taught to accustom himself to touch the pharynx with the index-fingers—the right finger for the right side, and the left for the left side. When this can be done, the patient will be able to apply with his fingers a powder composed of one-fourteenth of a grain of white precipitate and ten drachms of powdered sugar. If this remedy, which is very effectual, fail, alum gargles may be used. Many singers use the gargle of Bennati, an old Italian physician, half an hour before entering on the stage, when they are

¹ Williams on Morbid Poisons, vol. i. p. 311.

² Dictionary of Medicine, pp. 236, 237.

³ Library of Medicine, vol. iii. p. 94.

⁴ Walshe on Diseases of the Chest, pp. 418, 419.

⁵ Lectures on Diseases of Children, p. 279.

⁶ Traité Pratique et Clinique des Maladies des Enfants, 2me edition, tom. ii. p. 624.

labouring under hoarseness from subacute inflammation. The following formula is given by M. Trousseau: Alum, from 10 to 30 parts; water, 500 parts; honey or mulberry syrup, 100 parts. Whatever gargle is employed should be used as hot as it can be borne; cold gargles are useless.

In a very large number of cases, the pharyngeal affection is of an herpetic nature. In a person, for instance, who has had eczema of the nose, the disease may have produced union of the nasal fossæ with the pharynx and the Eustachian tubes; thus giving rise to obliteration. If eczema of the nose is still present, and coryza appears under the influence of cold or after meals, the hoarseness must be treated by applications to the nasal fossæ. One part of sulphuret of potassium is dissolved in one hundred parts of water, and a tea-spoonful is put into some very hot water, and forcibly inhaled by the patient for some minutes, three times a day. The same solution, in a larger proportion to the water, is to be used at the same time as a gargle.

In cases of this nature, sulphureous waters also are very useful, taken two or three times a day. The patients may also be made to take into the nose small pinches of white or red precipitate.

Some changes in the voice are only to be benefited by direct treatment, viz. inhalation of arsenic and cauterization with a strong solution of nitrate of silver. Cauterization is sometimes difficult; and in this case, the use of arsenicated cigarettes is more simple, and not less efficacious. The cigarettes are made with one part of arsenite of potash to twenty-five of water; in this, some filtering paper is dipped, then rolled into cigarettes, and dried. These must be smoked slowly—eight or ten inspirations each time, three times a day. The metallic arsenic is condensed on the larynx.—*Assoc. Med. Journ.* July 8, 1853.

37. *Veratria in Acute Articular Rheumatism.*—According to the *Union Médicale* for April 2, MM. TROUSSEAU and PIEDAGNEL, of Paris, have for some time employed veratria in the treatment of acute rheumatism. Its introduction appears to be due to M. Piedagnel, who states that, from the observation of numerous cases both in hospital and private practice, he finds that rheumatism is in this way generally cured in seven or eight days. He administers the veratrin in the form of pills, each containing five *milligrammes* (about 1-13th of a grain). Of these, one is taken on the first day, two on the second, three on the third, &c., up to the sixth day; it is rarely necessary to give seven pills. When the general and local symptoms have abated, which generally takes place on the fourth, fifth, or sixth day, the dose is maintained for two or three days at the point at which it had arrived, and is then gradually decreased daily, as the symptoms disappear; and when, after four, five, or six days of convalescence, the cure seems perfect, the medicine is discontinued.

If, during the administration of this medicine, colic, diarrhœa, or vomiting appear, indicating intolerance of the medicine on the part of the gastro-intestinal mucous membrane, no larger dose must be given than can be taken without producing this effect.

A great recommendation of this medicine, according to M. Trousseau, is the lowness of its price, especially as compared with that of the disulphate of quinia.

The following is an outline of some cases treated on this plan by M. Trousseau, in the Hôtel-Dieu.

CASE I. M., aged 17, had acute articular rheumatism, with endocarditis. All the joints of the upper and lower limbs were affected. Veratrin was administered, and the disease began to be subdued in three days. She left the hospital four weeks after admission; having remained there fifteen days after the disappearance of all symptoms, in order that the permanency of the cure might be established.

CASE II. B., aged 37, a day-labourer, had had rheumatism several times. He was admitted on March 12, 1853, with acute articular rheumatism affecting most of the joints. The heart was unaffected. He took the veratrin in the manner described above until March 22, when M. Trousseau discontinued it, in consequence of the presence of gastro-intestinal disturbance. The next day, the rheumatism, which had nearly left him, began to return in several of the